

# **The Public Health Act<sup>1</sup>**

dated, 11 September 2015

## **Chapter 1**

### **General provisions**

**Art. 1.** The Act defines the public health tasks, entities engaged in delivering these tasks and the public health financing policy.

2. Public health means the tasks identified in art. 2 herein.

**Art. 2.** Public health includes the following:

- 1) Monitoring and assessing population health, public health risks and public health related quality of life;
- 2) Providing health education aligned with the needs of different social groups, particularly children, adolescents and the elderly;
- 3) Health promotion;
- 4) Prevention of diseases;
- 5) Interventions taken to identify, eliminate or mitigate physical and mental health risks and harm in the living, studying and working environments and at the places of recreation;
- 6) Analyzing adequacy and efficiency of delivered health care services to establish whether they meet the health needs identified in population;
- 7) Initiating and conducting public health research and international cooperation;
- 8) Developing public health professionals and personnel.
- 9) Reducing health inequalities arising in connection with social and economic determinants of health;
- 10) Interventions in the area of physical activity.

**Art. 3.** 1. Public health tasks are delivered by joint collaboration of the government administration in accordance with their competence defined in the Act on government administration activities, dated 4 September 1997 (Journal of Laws of 2015, Item 812, 1255 and 1269), state organizational units, including executive agencies, and units of territorial self-government pursuing their own tasks and responsibilities involving health promotion or protection.

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<sup>1</sup> This Act shall amend the following Acts: The Act on upbringing in sobriety and counteracting alcoholism of 26 October 1982; The Radio and Television Act of 29 December 1992; The Act on protecting health against the consequences of tobacco and tobacco products use of 9 November 1995; The Act on health care services financed by public funds of 24 August 2004; The Act on prevention of drug abuse of 29 July 2005; The Act on preventing and treating infections and communicable diseases in population of 5 December 2008; The Act on excise products of 6 December 2008; The Gambling Act of 19 November 2009.

2. Public health tasks may be delivered with participation of entities whose statutory objectives or activities overlap with the tasks defined in art. 2 herein, including non-governmental organizations and entities referred to in art. 3, sections 2 and 3 of the Act on public benefit organizations and voluntary work, dated 24 April 2003 (Journal of Laws of 2014 item 1118, as amended<sup>2</sup>).

3. Self-government units of the municipal and county levels may collaborate with the regional (voivodship) self-government to deliver tasks identified in art. 2 item 1.

4. The regional self-government collaborates with the governor (voivode) of the region to deliver tasks identified in art. 2 item 6.

5. The National Health Fund (*Narodowy Fundusz Zdrowia* – NFZ) performs public health tasks by financing health care services as defined in the Act on the health care services financed by public funds, dated 27 August 2004 (Journal of Laws 2008, No. 164, item 1027 as amended) and co-financing health policy programs as defined in the art.48d of the above mentioned Act.

## Chapter 2

### **Coordinating Public Health Tasks and Providing Opinions on their Delivery**

**Art. 4.** 1. The tasks identified in this Act are coordinated by the minister for health.

2. The minister for health has the following responsibilities related to the coordination of the public health tasks:

- 1) Drawing up a draft National Health Program as referred to in Art. 1, section 1;
- 2) Monitoring the delivery of tasks referred to in Art. 2;
- 3) Ensuring cohesion of tasks delivered by bodies and entities referred to in Art. 3;
- 4) Communicating the need to undertake specific public health tasks to appropriate bodies and entities referred to in Art. 3;
- 5) Gathering and analyzing information on population health and prevalence of health risks; and sharing such information in the manner preventing identification of any individuals, whose data are gathered and analyzed;
- 6) Analyzing the information referred to in Art. 12;
- 7) Reporting on public health tasks delivered or undertaken during a given year, including the evaluation of such tasks.

3. For the purposes of tasks, referred to in section 2, items 1, 2, and 6, the minister for health may set up working groups comprised of people having knowledge and experience related to delivery of public health tasks. The operations of the working groups are financed from the section of the state budget which is available to the minister for health.

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<sup>2</sup> Amendments to the consolidated text of the act referred herein were published in the Journal of Laws of 2014, Items 1138 and 1146, and of 2015, Items 1155, 1333, and 1339.

4. Pursuant to Art. 10, sections 1 and 4 of the Act on the Council of Ministers, dated 8 August 1996 (Journal of Laws of 2012, Item 392 and of 2015, Item 1064); the Council of Ministers may establish the office of the Government Plenipotentiary for Public Health. The Plenipotentiary, operating within the framework of his founding regulations, performs the public health tasks of the minister for health defined by the Act.

**Art. 5.** 1. The minister for health cooperates with public authorities, their subordinate units or those reporting to the minister for health, including the National Health Fund, National Institute of Public Health – National Institute of Hygiene, units mandated to take interventions preventing dependence and addiction, Institute of Rural Health, Chief Sanitary Inspector and Central Institute of Labor Protection – National Research Institute, Chief Sanitary Inspector of the Ministry of the Interior, Chief Sanitary Inspector of the Polish Armed Forces, and entities as referred to in Art. 3 section 2.

2. Public authorities and state organizational units are obliged to cooperate and provide assistance to the minister for health, including the free of charge provision of their information, documents and data, which are needed to deliver the minister's tasks, within a time frame indicated by the minister for health. The data shall be provided in the form of microdata sets, preventing identification of individuals concerned.

**Art. 6.** 1. The Public Health Council shall be established, hereinafter referred to as the "Council," which shall provide opinions and advice to the minister for health.

2. The Council's tasks include the following:
- 1) Providing an opinion on the draft National Health Programs referred to in Art. 9, section 1 and performing the evaluation of the Program delivery;
  - 2) Presenting, to the minister for health, proposals for new tasks designed to attain the operational objectives of the National Health Program, referred to in Art. 9, section 1;
  - 3) Providing opinions and advice on public health as requested by the minister for health.
3. An organizational unit of the office of the minister for health shall provide services to the Council.
4. Costs of the Council are paid from the section of the state budget which is available to the minister for health.

**Art. 7.** 1. The Council is comprised of the following members:

- 1) A representative of the President of Poland;
- 2) One representative of every minister running a government department;
- 3) National consultants for: public health, epidemiology, communicable diseases, cardiology, clinical oncology, diabetology, psychiatry, occupational health, environmental health and nursing;
- 4) A maximum of six representatives appointed by the self-government members of the Joint Committee of the Government and Territorial Self-Government
- 5) A representative of the National Health Fund;
- 6) A representative of the National Public Health Institute - National Institute of Hygiene;
- 7) A representative of the National Food and Nutrition Institute

- 8) A representative of the Chief Sanitary Inspector;
- 9) A representative of the Chief Sanitary Inspector of the Ministry of the Interior
- 10) A representative of the Chief Sanitary Inspector of the Polish Armed Forces
- 11) A representative of the Supreme Council of Nurses and Midwives;
- 12) A representative of the Supreme Medical Council;
- 13) A representative of the Supreme Pharmaceutical Council;
- 14) A representative of the National Council of Laboratory Diagnosticians;
- 15) Maximum two representatives of the representative employers' organizations;
- 16) A representative of non-governmental organizations and entities referred to in Art. 3, sections 2 and 3 of the Act on public benefit organizations and volunteer work, dated 24 August 2003, whose statutory objectives or activities overlap with tasks identified in Art. 2 herein.

2. Members of the Council are appointed by the minister for health:

1) at the request of the appropriate body or entity, referred to in section 1 items 1, 2 and 4-14 herein, except for the member appointed at the minister's initiative;

2) from the list of persons proposed by organizations or entities identified in section 1 items 15 and 16, within the period of 14 days from the date of the notice on the intended appointment of the Council or changes in its composition published in the Public Information Bulletin.

3. The minister for health dismisses the member of the Council at his own initiative or at the request of the appropriate body or entity, referred to in section 1, items 1, 2 and 4-16. If a Council member is dismissed at the initiative of the minister for health, the minister shall promptly notify thereof the appropriate body, organization or entity.

4. The Council's Chairperson is appointed by the minister for health.

5. The Council adopts resolutions by a simple majority of votes cast with at least half of its members being in attendance. In the event of an equal distribution of votes, the Chairperson's vote shall prevail.

6. The Council's meetings may also be attended by individuals invited by the Council Chairperson to serve as advisors.

7. In order to perform tasks defined in Art. 6 section 2, the Council may establish working groups.

8. The working groups referred to in section 7 may include persons who are not members of the Council.

8. The Council's work is described in more detail by the Council regulations drawn up by the Council and approved by the minister for health.

**Art. 8.** 1. For the purpose of their activities, the Council Members and individuals referred to in Art. 7, sections 6 and 8, are eligible for a refund of travel costs subject to the terms defined in the provisions issued on the basis of Art. 77<sup>5</sup> § 2 of the Labor Code dated 26 June 1974 (Journal of Laws of 2014, item 1502 as amended<sup>3</sup>).

2. An employer is obliged to provide an employee with time off work to facilitate participation in the Council meetings. Should an employee take time off work to participate in the Council meeting, the employer issues a document showing the amount of the remuneration lost due to the

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<sup>3</sup> Amendments to the consolidated text of this act were published in the Journal of Laws of 2014, Item 1662 and of 2015, Items 1066, 1220, 1224, 1240 and 1268.

employee's time off work so that the employee may receive an appropriate compensation equal to the amount stated in the employer's document from the minister for health, unless legal regulations applicable to a given employer provide that the employee may receive his remuneration for his time off work.

3. The travel cost refund and compensation referred to in sections 1 and 2 are financed from the section of the state budget available to the minister for health.

### Chapter 3

#### **The National Health Program and the National Health Program Steering Committee**

**Art. 9.** 1. The National Health Program, hereinafter referred to as the NPZ, is a document adopted to pursue the public health policy and is based on cooperation of the government administration, units of the territorial self-government and entities referred to in Art. 3, section 2.

2. The Council of Ministers adopts, by way of a resolution, the NPZ, including:

- 1) The NPZ strategic objective which is to increase healthy life expectancy of the Polish population, improve health related quality of life, and reduce social inequalities in health;
- 2) Operational objectives aligned with the strategic objective, geared to reduce population exposure to the greatest health risks;
- 3) Tasks which must be delivered to attain operational objectives;
- 4) Entities responsible for delivering the tasks;
- 5) Entities/persons responsible for performing the tasks;
- 6) Funding methods and allocated funds;
- 7) Indicators as well as the NPZ monitoring and evaluation method;

– considering population health, prevalence of health risks and health protective factors, as well as effectiveness and efficiency of tasks undertaken to improve health and quality of life.

3. The NPZ shall be drafted for a minimum period of 5 years.

4. Units of the territorial self-government and entities referred to in Art. 3, section 2 herein may obtain earmarked grants from the state budget to perform tasks identified in the NPZ.

**Art. 10.1.** The National Health Program Steering Committee shall be established, hereinafter referred to as the "Committee." The Committee shall coordinate actions on an on-going basis and solve problems arising in connection with the implementation of the NPZ.

2. The Committee is comprised of representatives of ministers, identified by the NPZ as the entities responsible for the delivery of tasks defined therein, representing the ranks of secretaries or undersecretaries of state, and the minister for health.

3. The minister for health appoints and dismisses the Committee members at the request of the appropriate ministers.

4. The minister for health shall serve as Chairman of the Committee.
5. The Committee adopts decisions by a simple majority of votes cast with at least half of its members in attendance. In the event of an equal distribution of votes, the Committee Chairperson's vote shall prevail.
6. The Committee members are responsible for implementing the NPZ tasks attributed to the ministers they represent.
7. An organizational unit of the office of the minister for health shall provide services to the Committee.
8. Members of the Committee shall not be eligible for any remuneration for their service in the Committee.
9. The Committee's operating costs are paid from the section of the state budget which is available to the minister for health.
10. The Committee's work is described in more detail by the Committee work regulations drawn up by the Committee.

Art. **11.** 1. The minister for health may submit motions and requests to the President of the Council of Ministers regarding the implementation of tasks identified in the NPZ.

2. Each entity indicated as responsible for delivering the tasks identified in the NPZ, is obliged to cooperate with the minister for health in order to attain the NPZ objectives.

Art. **12.** 1. Government administration bodies, with the exception of the voivode; executive agencies and other state organizational units participating in the delivery of the public health tasks shall provide the minister for health with the annual information on the public health tasks completed or undertaken during the last year, no later than by 30 April.

2. Units of the territorial self-government provide their appropriate voivode with the annual information on the public health tasks completed or undertaken during the last year, no later than by 31 March.

3. The voivode verifies the information referred to in section 2 to check:

- 1) whether the requirements referred to in section 7 were met;
- 2) whether the objectives pursued by a self-government unit as well as the tasks, undertaken and completed, were compliant with the operational objectives and related tasks as defined by the NPZ.

4. If it is not possible to verify the information as described in section 3 above, the voivode approaches the self-government unit to provide additional information or to align the information with the requirements referred to in section 7.

5. Based on the information referred to in section 2, the voivode prepares consolidated information as well as an opinion on compliance of completed or undertaken tasks with priorities of the regional health policy, referred to in Art. 95c of the Act on health care services financed by public funds, dated 27 August 2004.

6. The voivode shall submit the consolidated information and opinions referred to in section 5 to the minister for health, no later than by 30 September.

7. The information referred to in sections 1, 2 and 5, identifies the following:

- 1) A body, which prepares or provides the information;
- 2) An operational objective of the NPZ pursued with the undertaken or delivered public health tasks, if applicable;
- 3) Public health tasks delivered or undertaken during the last year;
- 4) Sources of financing and total funds allocated for the tasks delivered or undertaken during the last year;
- 5) Other information which a given body considers important and which is related to the tasks undertaken during the last year.

8. Based on the information and opinions referred to in sections 1, 2 and 5, the minister for health prepares, every two years, information on public health tasks, completed or undertaken, referred to in Art. 4, section 3 item 7, which includes an assessment of compliance of tasks completed or undertaken by self-government units with priorities of the regional health policy, referred to in Art. 95c of the Act on health care services financed by public funds, dated 27 August 2004. The minister for health submits such information to the Council of Minister no later than by 30 November of the year following the year for which the information was produced.

9. The Council of Ministers provides the Polish Parliament [*Sejm*] with the information referred to in section 8, no later than within three months after it is delivered to the Council of Ministers.

10. The minister for health shall define, by way of a regulation, a method for providing the information referred to in sections 1 and 2, and a template of this document.

#### Chapter 4

#### **Principles of financing the public health tasks**

Art. 13. Public health tasks are financed with funds available to:

- 1) The minister for health, including the government earmarked funds
- 2) Entities delivering public health tasks:
  - a) other ministers or central bodies of the government administration, including those performing public health tasks financed with the government earmarked funds;
  - b) executive agencies and other state organizational units, including those of the National Health Fund
- 2) Units of territorial self-government.

**Art. 14.** 1. The owners of funds referred to in Art. 13 above, commission public health tasks through a call for proposal announced by each fund owner.

2. The owner of funds, referred in Art. 13, shall not announce a call for proposal for a delivery of a task, referred to in section 1 above, if the NPZ identifies an entity which should deliver this task and the NPZ provides that the delivery of the task is commissioned to this entity based on the request it submitted to an appropriate fund owner.

3. The appropriate owner of the funds provides funds for the delivery of the task commissioned as per sections 1 and 2 above, based on a contract concluded with the entity which delivers the task.

4. Public procurement regulations and regulations on public benefit activities commissioned as the public tasks, referred to in Chapter 2 Part 2 of the Act on public benefit and volunteer work, dated 24 August 2003, are not applied while selecting entities delivering the tasks.

5. The Act shall not apply to commissioning of tasks financed with the government earmarked funds.

Art. 15.1 A call for proposals shall identify the following:

- 1) The task for which a call for proposals is announced;
- 2) Funds allocated for the task;
- 3) Time frame as well as terms and conditions of the task delivery;
- 4) Assessment criteria;
- 5) The place where and the date by which the proposals must be submitted;
- 6) The date when results of the call are announced;
- 7) The date and the method used to communicate the results of the call for proposals;
- 8) The appeal procedure;
- 9) The level of minimum co-financing provided by the entity announcing the call for proposals, if co-financing of the task is a condition to receive funds, and the method used to calculate the minimum co-financing, if required.
- 10) A list of documents which must be attached to the proposal.
- 11) The information clause stating that the call for proposals may be cancelled prior to the deadline for submission of proposals and that the submission deadline as well as the date when results of the call are to be announced may be extended;
- 12) Information how to submit the proposal and documents referred to in item 10.

2. In addition, the notice on the call for proposals may also include the following:

- 1) The description how proposals will be assessed based on all assessment criteria;
- 2) The way by which funds will be transferred to the entities delivering the tasks and dates by which such transfers will be made.

3. The call for proposals notice should also include a template based on which proposals must be submitted.

4. The call for proposals notice shall be posted on the website of the Public Information Bulletin of the entity announcing the call as well as in the registered office of this entity.

5. The submitted proposal must include:

- 1) A detailed description how the task will be delivered;
- 2) Dates and the place where the task will be delivered;
- 3) The timetable of the task delivery;
- 4) Amount of funds requested;
- 5) The amount of co-financing required for the task, if applicable;
- 6) Information about the prior activities completed by the entity submitting the proposal, if such prior activities are relevant to the task identified in the call for proposals notice;
- 7) Information about assets and human resources held as well as their skills and competence which ensure the delivery of the task and the scope of responsibilities of the personnel delivering the task;
- 8) Amount of funds needed to deliver the task and cost estimate, including related administrative expenses.

6. The following documents must be attached to the proposal:

- 1) A current excerpt from an appropriate register or other documents confirming the legal status of the entity submitting the proposal and powers of the representatives of this entity;
- 2) A statement confirming that the entity submitting the proposal has never been found to use public funds for purposes other than designated for such funds.
- 3) A statement by a representative of the entity submitting the proposal that he or she has clean criminal record and has not been prohibited from administering public funds and has never been sentenced for any willfully committed offence or willfully committed tax offence.
- 4) A statement confirming that the entity submitting the proposal is the sole holder of the bank account to which funds will be transferred and that this bank account will be maintained until the final settlement of funds and tasks is approved;
- 5) A statement by the authorized representative of the entity submitting the proposal that total funds received shall be spend on delivering the task in conformity with the proposal and that this task shall not be financed from other sources.

**Art. 16.** The request referred to in Art. 14 section 2 includes the information referred to in Art. 15 section 5 items 1-5 and 8. The documents referred to in Art. 15 section 6 must be attached to the request.

**Art. 17. 1.** The entities delivering tasks under the contract concluded as per Art. 14 section 3, are required to keep separate accounting records of the received funds and their disbursements.

2. An appropriate fund owner controls whether the funds transferred are properly disbursed and whether such disbursements are reasonable, consistent with the purpose for which funds were allocated, cost-efficient and compliant with the law, and whether they are consistent with the

principles defined in Art. 44 section 3 of the Public Finance Act, dated 27 August 2009 (Journal of Laws of 2013, Item 885, as amended<sup>4</sup>).

3. The fund owner has the right to perform audits at the registered office of the fund recipient delivering the tasks and to accept statements made during the course of such audits.

4. Statements referred to in section 3 and Art. 15 sections 6 items 2-5 are made under the penalty of perjury. A person making such a statement must include the following clause in the statement: "I am aware of criminal liability for false statements".

5. Provisions of the Public Finance Act, dated 27 August 2009, regulating grants shall apply to the funds transferred under the contract concluded as per Art. 14 section 3.

Art. 18. A minimum of 10% of the fund earmarked for the delivery of the NPZ tasks shall be spent on the following tasks:

- 1) Monitoring and assessment of population health and health related quality of life
- 2) Identifying and analyzing prevalence of risks to population health;
- 3) Identifying social and economic determinants of health inequalities;
- 4) Initiating and engaging in research to assess:
  - a) linkages between potential health hazards or other health risks and the population health outcomes;
  - b) effectiveness and efficiency of public health interventions, including testing the effectiveness of the public health tasks focused on promotion of health or prevention of diseases other than those defined in the NPZ.

## Chapter 5

### **Amendments to legislation in force, transitional and final provisions**

**Art. 19.** The following amendments are hereby made to the Act on upbringing in sobriety and counteracting alcoholism, dated 26 October 1982 (Journal of Laws 2015, item 1286):

1) Art. 2 section 2 shall read as follows:

"2. Tasks referred to in Section 1 are delivered in compliance with the National Health Program, referred to in Art. 9, Section 1 of the Public Health Act, dated 11 September 2015 (Journal of Laws ..., Item...) hereinafter referred to as the National Health Program;"

2) Art. 3 section 3, item 1 is repealed;

3) Art. 4, section 1 shall read as follows:

"1. The regional self-government shall deliver tasks referred to in Art. 1 and 2, as the regional program for prevention and control of alcohol related problems which is part of the social strategy of the region and is aligned with the operational objectives to prevent

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<sup>4</sup>) Amendments to the consolidated text of this act were published in the Journal of Laws of 2013, Items 938 and 1646, and of 2014, Items 379, 911, 1146, 1626 and 1877, and 2015, Items 238, 532, 1045, 1117, 1130, 1189, 1190 and 1269.

alcohol dependence as defined by the National Health Program.”

4) Art. 4<sup>1</sup>, Section 2 shall read as follows:

“2. Tasks referred to in section 1 are delivered by way of the municipal program for prevention and control of alcohol related problems, which is part of the social strategy; the program is adopted every year by the municipal council and is aligned with operational objectives to prevent and control alcohol dependence as defined by the National Health Program. The municipal program is delivered by the welfare center referred to in the welfare regulation or another organizational unit designated in the program. The mayor may appoint a plenipotentiary for the municipal program.”

5) Art. 11 is repealed;

6) Art. 13<sup>3</sup>, sections 4 and 5 shall read as follows:

“4. The Fund shall provide co-financing for sports activities for school students offered by sport clubs which operate as associations and by other non-governmental organizations whose statutory activities include promotion of physical culture amongst children and youth, as well as for sports activities organized by units of territorial self-government and for tasks identified in the public health provisions regulating physical activity.

5. In order to ensure efficient use of the Fund, the minister for physical culture acting in collaboration with the minister for public finances and minister for health shall define by the way of a regulation:

- 1) Terms and conditions and the procedure for making the Fund allocations to co-finance sports activities for school students and tasks defined in the public health regulations;
- 2) The procedure for submitting funding requests to the Fund and data which should be included in the funding request, including the necessary data on the entity requesting the funds and the information about sports activities for school students or tasks defined by the public health regulations;
- 3) The procedure for fund transfers by the Fund, considering the time frame of planned sports activities for students or tasks defined by the public health regulations;
- 4) The amount of co-financing for sports activities for students, however, the maximum co-financing for sports activities offered by sports clubs operating as associations and other non-governmental organization may not exceed 80%, and as regards activities organized by the units of the territorial self-governments, the maximum co-financing is 50% of costs of planned activities.”

**Art. 20.** The Act on protection of mental health, dated 19 August 1994 (Journal of Laws of 2011, No. 231, Item 1375) shall be amended as follows:

1) Art. 2 section 2 shall read as follows:

“2. Tasks referred to in section 1 item 1 are delivered within the framework of the National Health Program, referred to in Art. 9 section 1 of the Public Health Act, dated 11 September 2015, (Journal of Laws ..., Item), hereinafter referred to as the National Health Program, and tasks referred to in section 1 items 2 and 3 are delivered by way of interventions defined by the National Mental Health Program” ;

2) The following Art. 5a is inserted after the Art. 5:

“Art. 5a. A medical entity running a mental health center shall provide a comprehensive health care to people with mental disorders, within a certain territory, in a form of acute and outpatient care, day care, hospital and community care.”

**Art.21.** The Act on the Protection of Health against the Consequences of the Use of Tobacco and Tobacco Products, dated 9 November 1995, (Journal of Laws of 2015, Item 298): Art. 4 is repealed.

**Art. 22.** The following amendments shall be made to the Act on health care services financed by the public funds, dated 27 August 2004, (Journal of Laws of 2015, Item 581):

- 1) Art. 7 section 1: item 2 is repealed ;
- 2) Art. 8: item 2 is repealed;
- 3) Art. 9: item 2 is repealed;
- 4) Art. 10:
  - a) Section 1: item 2 is repealed;
  - b) Sections 2 and 3 shall be repealed ;
- 5) The following Art. 48c is inserted after Art. 48b:

“Art. 48c. 1. A unit of the territorial self-government delivering its own tasks, may provide co-financing to health programs and health policy programs focused on prevention of diseases, referred to in Art. 41 section 1, other than those delivered by this unit.

2. Co-financing referred to in section 1 means that the entity delivering the program and selected in line with Art. 48b. is given an earmarked grant, as defined in the Public Finance Act, dated 27 August 2009 (Journal of Laws of 2013, Item 885, as amended<sup>5</sup>).

Art. 48d. 1. The Fund may transfer funds to provide co-financing to health policy programs delivered by a unit of the territorial self-government to offer health care services other than those identified in the list of guaranteed services defined by regulations issued in line with Art. 31d; the maximum allowable amount of co-financing is:

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<sup>5)</sup> Amendements to the consolidated text of this act were published in the Journal of Laws of 2013, Items 938 and 1646, of 2014, Items 379, 911, 1146, 1626 and 1877; and of 2015, Items 238, 532, 1045, 1117, 1130, 1189, 1190 and 1269.

- 1) 80% of cost of the program delivered by a territorial self-government unit with the population under 5 000;
- 2) 40% of cost of the program delivered by a territorial self-government unit other than one mentioned in item 1 above.

2. In order to receive co-financing referred to in section 1, the Executive Director of the self-government unit submits request to the Director of the regional branch of the Fund. The following documents must be attached to the request: a positive opinion of the Agency issued under the procedure referred to in Art. 48a section 3 item 2 and a positive opinion of the voivode confirming that the program complies with the priorities of the regional health policy, referred to in Art. 95c and operational objectives of the National Health Program, referred to in Art. 9 section 1 of the Public Health Act, dated 11 September 2015 (Journal of Laws ..., Item...)

2. The Director of the regional branch of the Fund shall assess the request and attached documents and makes the decision regarding the requested co-financing for the program, taking into account the impact of the program interventions on the improvement of health outcomes in the population covered by the program, and financial capabilities of the Fund's branch.

3. Co-financing referred to in section 1 shall be provided under the contract concluded by the Director of the regional branch of the Fund with the authorities of the self-government unit. All unused or misused funds shall be returned to the regional branch of the Fund.

4. The minister for health, after seeking the opinion of the President of the Fund, shall define, by way of a regulation, the procedure for submission and review of the co-financing requests referred to in section 2, and the procedure for settlement and return of the funds referred to in section 4, taking into account that equal treatment must be offered to all self-government units submitting co-financing requests and that funds provided at such requests must be settled efficiently.”

6) Art. 50 section 22 shall read as follows:

“22. The Director of the regional branch of the Fund may forgive total or partial repayment requested by the decision referred to section 18 or defer the repayment or offer an installment plan, following the policies defined in Articles 56-58 of the Public Finance Act, dated 27 August 2009”.

7) Art. 97 section 3 item 7 shall read as follows:

“7) Health promotion and prevention of diseases, including co-financing of health policy programs under Art. 48d”;

8) Art. 117, section 1 item 1 shall read as follows:

“1) Costs of health care services, including cost of health promotion and disease prevention which should amount to minimum 1.5% of health care services costs, including co-financing for health care policy programs under Art. 48d”;

9) Art. 118:

a) Section 2, item 2, letter c): a semicolon is replaced with a colon, and the following letter d) is inserted:

“d) Reserves for co-financing of health care programs under Art. 48d; the maximum amount of reserves is 0.5% of the cost of health care services attributed to a given branch in the financial plan for the previous year, referred to in Art. 121;”

b) The following section 5a shall be inserted after section 5:

„5a. The reserve established as per section 2, item 2d, must not cause reduction of costs of health care services for the insured individuals financed by the regional branches of the Fund and covered by the financial plan for the previous year, referred to in Art. 121;”

**Art. 23.** The following amendments shall be made to the Act on prevention of drug abuse, dated 29 July 2005 (Journal of Laws of 2012, item 124 and of 2015 items 28 and 875):

1) Art. 2 section 2 shall read as follows:

“2. Tasks referred to in section 1, items 1-3, are financed with the funds of the entities delivering drug abuse prevention tasks, referred to in art. 48 section 1 of the Act on health care services financed by the public funds (Journal of Laws of 2015, Items 581, 1240 and 1269) and with the funds of the National Health Fund other than those earmarked for health programs”;

2) Art. 6 section 3:

- a) Items 1 and 2 are repealed,
- b) Item 12k) is repealed;

- 3) Art. 7 shall read as follows:

“Art. 7. Interventions taken to prevent drug abuse are based on the National Health Program, referred to in Art. 9, section 1 of the Public Health Act, dated 11 September 2015 (Journal of Laws..., Item...), hereinafter referred to as “the National Health Program”.

- 4) Art. 8 is repealed;

- 5) Art. 9, section 1 shall read as follows:

“1. Regional self-government authorities shall develop a draft Regional Program for Prevention of Drug Abuse”, hereinafter referred to as “the Regional Program”, taking into account operational objectives related to drug abuse prevention, identified by the National Health Program. The Regional Program is an integral part of the regional social policy strategy”;

- 6) Art. 10, section 2 shall read as follows:

“2. For the purposes of the tasks referred to in section 1, a Mayor shall develop a Municipal Program for Prevention of Drug Abuse, hereinafter referred to as the “Municipal Program”, taking into account operational objectives related to prevention of drug abuse and defined by the National Health Program. The Municipal Program is a part of the municipal strategy adopted to resolve social problems;”

- 7) Art. 15, item 4 shall read as follows:

“4) To monitor the delivery of interventions preventing drug abuse as part of the National Health Program;”

- 8) Art. 19 section 3 shall read as follows:

“3. The detailed tasks involving upbringing efforts, education, information and preventive interventions are defined by the National Health Program;”

**Art. 24.** The following amendments shall be made to the Attachment to the Act on Prevention and Control of Infections and Communicable Diseases in Population, dated 5 December 2008 (Journal of Laws of 2013, Item 947 and of 2014, Items 619 and 1138):

- 1) The following item 6a is inserted after item 6:

“6a) Chikungunya”;

- 2) The following item 9a is inserted after item 9:

“9a) Ebola virus disease (EVD)”;

- 3) Item 53 shall read as follows:

“53) Hospital acquired infections and infections caused by biological agents resistant to antibiotics which are key for therapy purposes;”

4) Item 58 shall read as follows:

“58) Severe acute respiratory infections (SARI) or other organ failure of infectious or unknown etiology;”

**Art. 25.** The following amendments shall be made to the Gambling Act, dated 19 November 2009 (Journal of Laws of **2015**, Item 612 and 1201)

1) Art. 86:

a) Section 4 shall read as follows: :

“4. Disbursements of the Physical Culture Development Fund shall be made for remodeling and repair of sports facilities and co-financing of investments in sports facilities, promotion of sports amongst children, youth and people with disabilities, and tasks identified by the public health regulations related to physical activity;”

b) Section 6 shall read as follows:

“6. The minister for physical activity collaborating with the minister for public finances and minister for health, shall define by way of a regulation, detailed terms and conditions for co-financing of the tasks referred to in section 4 and procedures for submitting co-financing requests and transferring the funds, taking into account rationality and continuity of funding;”

2) Art. 88, section 4 item 4: period is replaced with a semicolon and the following item 5 is inserted:

“5) Tasks identified in the public health regulations.”

**Art. 26.** The voivode, for the first time, shall attach the opinion on compliance of the tasks, delivered or undertaken, with priorities of the regional health policy, referred to in art. 95c of the act amended in art. 22, to:

1) Consolidated information referred to in art. 12 section 5 for 2017;

2) The request referred to in art. 48d section 2 of the act amended in art. 22, submitted in 2017.

**Art. 27.** 1. The existing regulations shall apply to the public health tasks undertaken prior to the date when this act enters into force.

2. The existing regulations shall apply to procedures related to public health tasks, undertaken and not completed prior to the date when this act enters into force.

**Art. 28.1.** The following programs for 2016 are adopted and delivered on a basis of the existing policies:

1) The Regional Program for Prevention and Control of Alcohol Related Problems and the Municipal Program for Prevention and Control of Alcohol Related Problems, referred to in Art. 4, section 1 and Art. 4<sup>1</sup> section 2 of the act amended in Art. 19,

2) The Regional Program for Prevention of Drug Abuse and the Municipal Program for Prevention of Drug Abuse, referred to in Art. 9, section 1 and Art. 10, section 2 of the act amended in Art. 23.

2. Mental health interventions undertaken by units of territorial self-government in 2016 are delivered on a basis of the existing policies.

**Art. 29.** 1. For 2016-2025, the maximum limits for the government expenditure resulting from the act are as follows:

- 1) 2016 – PLN 70.7 million including PLN 0.7 in the budgets of voivodes;
  - 2) 2017 – PLN 80.7 million including PLN 0.7 in the budgets of voivodes;
  - 3) 2018 – PLN 80.7 million including PLN 0.7 in the budgets of voivodes;
  - 4) 2019 – PLN 80.7 million including PLN 0.7 in the budgets of voivodes;
  - 5) 2020 – PLN 80.7 million including PLN 0.7 in the budgets of voivodes;
  - 6) 2021 – PLN 80.7 million including PLN 0.7 in the budgets of voivodes;
  - 7) 2022 – PLN 80.7 million including PLN 0.7 in the budgets of voivodes;
  - 8) 2023 – PLN 80.7 million including PLN 0.7 in the budgets of voivodes;
  - 9) 2024 – PLN 80.7 million including PLN 0.7 in the budgets of voivodes;
  - 10) 2025 – PLN 80.7 million including PLN 0.7 in the budgets of voivodes;
2. For 2016–2025, the maximum limits for the expenditure from the Gambling Problem Solving Fund, Physical Culture Development Fund, and Fund for Sports Activities for School Students, resulting from the act are as follows:
- 1) 2016 – PLN 70 million
  - 2) 2017 – PLN 60 million
  - 3) 2018 – PLN 60 million
  - 4) 2019 – PLN 60 million
  - 5) 2020 – PLN 60 million
  - 6) 2021 – PLN 60 million
  - 7) 2022 – PLN 60 million
  - 8) 2023 – PLN 60 million
  - 9) 2024 – PLN 60 million
  - 10) 2025 – PLN 60 million
3. If after the first six months of the year, expenditures referred to in sections 1 and 2, reach 65% of the annual limit budgeted for a given year, the expenditure planned for the other six months of the year shall be reduced by the amount equal to the difference between the limit and the expenditure overrun. The expenditure for tasks referred to in Art. 2, items 1, 5, 7 and 8 shall be reduced first.
4. The minister for health shall have the responsibility to monitor expenditure limits referred to in sections 1 and 2. The minister for health, minister for physical culture and other ministers identified by the National Health Program as entities responsible for the delivery of the tasks and voivodes shall have the responsibility to implement an adjustment mechanism referred to in section 3.
5. The minister for physical culture, other ministers identified by the National Health Program as entities responsible for delivering tasks, and voivodes are obliged to provide the minister for health with the information on the progress of the task delivery to enable monitoring of expenditure limits, referred to in sections 1 and 2, in time to introduce the adjustment mechanism.

**Art. 30.** This Act shall enter into force 14 days after its promulgation, with the exception of the following:

- 1) Art. 4 section 2, item 7, which enters into force on 1 October 2017;
- 2) Art. 9, Art. 19, items 1, 3, 4 and 6, Art. 20, Art. 23 and Art. 25, item 1, which enter into force on 1 January 2016;
- 3) Art. 12 and Art. 22, which enter into force on 1 January 2017;
- 4) Art. 21, which enters into force on 1 January 2018.

SPEAKER OF THE PARLIAMENT

/ – / Małgorzata Kidawa-Błońska